Application or Docket Number

	·		ctive Octo	JHL	'	. ,	∠ '2	سر عب	=_			
	CLAIMS AS FILED - PART I								SMALL ENTITY OTHER TH			
ΓŦ	OTAL CLAIMS	s	(Colum	וח ז)	(Col	umn 2)	1	TYPE		OR	SMALL	ENTITY
			36	·				RATE	FEE	4	RATE	FEE
⊢	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	385.00	OR	BASIC FEI	770.00
TOTAL CHARGEABLE CLAIMS			36 -minus 20= 1		14	<u> </u>		XS _. 9=	1440	JOR	X\$18=	
INDEPENDENT CLAIMS				ninus 3 =	Ó			X43=		OR	X86=	
M	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		7	+290=	
* If the difference in column 1 is less than zero, enter "0"						column 2		TOTAL	(70	OR		
CLAIMS AS AMENDED - PART II									00.70	٣٠٠	OTHER	THAN
(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL	-
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIO PAID, F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	-00		=		X\$ 9=		OR	X\$18=	
	Independent	• /	Minus	 }		=		X43=		OR	X86=	
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
								TOTAL		· · · L	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		OR ,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		Ξ.	F	X43= ·		OR	X86=	
	· ·	NTATION OF MU		OR	+290=							
							L	+145= TOTAL		L	· TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		OR A	DOM. FEEL	
J	`	CLAIMS		(Column HIGHES	ST T	(Column 3)		· · · ·		٠ _		
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
	Independent		Minus	444		3	F	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						上	145=		OR	A00-	
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290=	
 (1	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai	d For IN THIS d For IN THIS	SPACE IS 10 SPACE IS 10	ess than	20, enter "20;"		TOTAL DIT. FEE	·		TOTAL DOIT. FEE	
•	Guent saniti	ber Previously Paid	THE CHOCKS OF	:: :uepensent)	, १५ व्याप्त है	influezi unumber	iońuq	tu nue ebb	ropriate box	in colun	nn 1.	1

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